



STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106-1500
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

SPECIAL MEMBERSHIP SERVICE

Please complete Section A and then forward this form to the Connecticut School District where the service was performed. Section B and Section C are to be completed by the Connecticut School District. Return this completed form to CTRB for a determination of the amount of credit (if any) that is purchasable.

Section A *(To be completed by member)*

Member's Name	Social Security Number
Address	Email Address
Signature	Date

Section B *(To be completed by the Connecticut School District where service was performed)*

Position/Program (Tutor, Chapter 1, Chapter IV, CETA, Title 6, Head Start, ESL)	Name of Connecticut School District
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While the member was employed in this position:

1. Did the member independently plan the instruction program for a student?
YES ☐ NO ☐
2. Did the member independently evaluate student progress?
YES ☐ NO ☐
3. Did the member receive specific directions from their supervising teacher or administrator that would constitute a lesson plan for each lesson?
THE MEMBER DID NOT RECEIVE SPECIFIC DIRECTION ☐
THE MEMBER DID RECEIVE SPECIFIC DIRECTION ☐
4. Did the member receive direct supervision in the delivery of instructional services by a certified professional employee in a position requiring certification?
THE MEMBER DID NOT RECEIVE DIRECT SUPERVISION ☐
THE MEMBER DID RECEIVE DIRECT SUPERVISION ☐
5. Did the member hold a valid Connecticut teaching certificate for this assignment?
YES ☐ NO ☐
EFFECTIVE DATE OF THE CERTIFICATION: _____

Month Day Year

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Section C (To be completed by the Connecticut School District where service was performed)

Please provide the hours worked on a monthly basis and the hourly rate of pay based on payroll records or other substantiating documents at the Connecticut School District where the service was performed. The minimum requirement is 45 hours per month.

School Year _____ - _____

Month	Total Hours	Hourly Rate of Pay
September		
October		
November		
December		
January		
February		
March		
April		
May		
June		

PLEASE USE A SEPARATE FORM FOR EACH SCHOOL YEAR

Certification

I hereby certify that the information provided has been extracted from the records of our Connecticut School District.

Name of Person Completing Form	Name of Connecticut School District	Phone Number ()
Superintendent or Authorized Personnel Signature		Date

Return this completed form to:

Connecticut Teachers' Retirement Board
21 Grand Street
Hartford, CT 06106-1500